



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 91908		2. Name of Corporation The Snowplow Center, Inc.		
3. Street Address Principal Business Office 45 INDUSTRIAL DR		City EXETER	State RI	Zip 02822
4. Business Phone No. 397-4700		5. State of Incorporation RHODE ISLAND		6. SIC Code 5884
7. Brief Description of the Character of Business Conducted in Rhode Island SALES AND SERVICE OF SNOW REMOVAL EQUIPMENT.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name FRED HONG		Vice President Name FRED HONG		
Street Address 339A SOUTH COUNTRY TRAIL		Street Address 339A SOUTH COUNTRY TRAIL		
City EXETER	State RI	Zip 02822	City EXETER	State RI
Secretary Name FRED HONG		Treasurer Name FRED HONG		
Street Address 339A SOUTH COUNTRY TRAIL		Street Address 339A SOUTH COUNTRY TRAIL		
City EXETER	State RI	Zip 02822	City EXETER	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name CRAIG W. HONG		Director Name MARK F. HONG		
Street Address 20 BORRER ST		Street Address 33 MARTIN ST.		
City AMHERST	State N.H.	Zip 03031	City MILBURY	State MA
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
600 NO PAR VALUE			100	COMMON NO PAR
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	1/5/05
Check No.	6965
By:	W.
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer FRED HONG Date 1/3/05
Print or Type Name of Officer
PRESIDENT
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 91908		2. Name of Corporation The Snowplow Center, Inc.		
3. Street Address Principal Business Office 45 INDUSTRIAL DR		City EXETER	State RI	Zip 02822
4. Business Phone No. 401-397-4700		5. State of Incorporation RHODE ISLAND		6. SIC Code 5884
7. Brief Description of the Character of Business Conducted in Rhode Island SALES AND SERVICE OF SNOW REMOVAL EQUIPMENT.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name FRED HONIG		Vice President Name FRED HONIG		
Street Address 45 INDUSTRIAL		Street Address 45 INDUSTRIAL		
City EXETER	State RI	Zip 02822	City EXETER	State RI
Secretary Name FRED HONIG		Treasurer Name FRED HONIG		
Street Address 45 INDUSTRIAL		Street Address 45 INDUSTRIAL		
City EXETER	State RI	Zip 02822	City EXETER	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name FRED HONIG		Director Name		
Street Address 45 INDUSTRIAL		Street Address		
City EXETER	State RI	Zip 02822	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
600 NO PAR VALUE			100	COMMON
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 1 9 0 8 *

File Date	FILED
Check No.	DEC 20 2003
By:	BY M15383 GAA
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

FRED HONIG

Print or Type Name of Officer

Title of Officer

12/26/03
Date



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **91908**
2. Name of Corporation **The Snowplow Center, Inc.**
3. Street Address Principal Business Office
45 INDUSTRIAL DR
4. Business Phone No. **397-4700**
5. State of Incorporation **RHODE ISLAND**

City **EXETER** State **RI** Zip **02822**
6. SIC Code **5884**

7. Brief Description of the Character of Business Conducted in Rhode Island
MAFG - WHOLE - RET

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **FRED HONCO**
Street Address **339A S. CANARY TR**
City **EXETER** State **RI** Zip **02822**
Secretary Name **FRED HONCO**
Street Address **339A S. CANARY TR**
City **EXETER** State **RI** Zip **02822**

Vice President Name **FRED HONCO**
Street Address **339A S. CANARY TR**
City **EXETER** State **RI** Zip **02822**
Treasurer Name **FRED HONCO**
Street Address **339A S. CANARY TR**
City **EXETER** State **RI** Zip **02822**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **FRED HONCO**
Street Address **339A S. CANARY TR**
City **EXETER** State **RI** Zip **02822**

Director Name
Street Address
City State Zip

Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 1 9 0 8 *

FILED

File Date: **JAN 10 2003**

Check No.:
By: **CDW 4738**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **FRED HONCO** Date **1/8/03**
Print or Type Name of Officer
FRED HONCO
Title of Officer **Pres, Inc**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 91908 2. Name of Corporation The Snowplow Center, Inc.

3. Street Address Principal Business Office

45 INDUSTRIAL

4. Business Phone No.

397-4700

5. State of Incorporation
RHODE ISLAND

City

EXETER

State

RI

Zip

02822

6. SIC Code
5884

7. Brief Description of the Character of Business Conducted in Rhode Island

MFG SNOWPLOW'S + TRK BODIES - PART FINISH

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

FRED HONG

Street Address

339A S. COUNTRY TR

City EXETER

State

RI

Zip

02822

Secretary Name

FRED HONG

Street Address

339A S. COUNTRY TR

City EXETER

State

RI

Zip

02822

Vice President Name

FRED HONG

Street Address

339A S. COUNTRY TR

City

EXETER

State

RI

Zip

02822

Treasurer Name

FRED HONG

Street Address

339A S. COUNTRY TR

City

EXETER

State

RI

Zip

02822

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

FRED HONG

Street Address

339A S. COUNTRY TR

City EXETER

State

RI

Zip

02822

Director Name

MART HONG

Street Address

339A S. COUNTRY TR

City

EXETER

State

RI

Zip

02822

Director Name

ORANG HONG

Street Address

339A S. COUNTRY TR

City EXETER

State

RI

Zip

02822

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

600 NO PAR VALUE

COMMON

NONE

Number of Shares

Class/Series

Par Value

200

COMMON

NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 1 9 0 8 *

File Date:

1-3-02

Check No.:

4215

By:

2

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

FRED HONG

Print or Type Name of Officer

FRED HONG

Title of Officer

Pres. etc

Jan 12/29/01

Date



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91908** 2. Name of Corporation **The Snowplow Center, Inc.**

3. Street Address Principal Business Office

45 INDUSTRIAL DR

4. Business Phone No.

401-397-4700

5. State of Incorporation
RHODE ISLAND

City
EXETER

State
RI

Zip
02822

6. SIC Code
5884

7. Brief Description of the Character of Business Conducted in Rhode Island

MFG SNOWPLOWES + TRUCK BODIES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

CRAIG HONOR

Street Address

34 WINCHESTER

City

NEWTON

State

MA

Zip

02458

Secretary Name

FRED HONOR

Street Address

331B So. County Tr

City

EXETER

State

RI

Zip

02822

Vice President Name

MARK HONOR

Street Address

33 MARTIN

City

MILLBURY

State

MA

Zip

01558

Treasurer Name

FRED HONOR

Street Address

331B So. County Tr

City

EXETER

State

RI

Zip

02822

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

CRAIG HONOR

Street Address

34 WINCHESTER

City

NEWTON

State

MA

Zip

02458

Director Name

MARK HONOR

Street Address

33 MARTIN

City

MILLBURY

State

MA

Zip

01558

Director Name

FRED HONOR

Street Address

331B So. County Tr

City

EXETER

State

RI

Zip

02822

Director Name

LONGRANGE LA PLANTO

Street Address

155 TRANSIT

City

WOODSOCK

State

RI

Zip

02895

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

600

COMMON NONP

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 1 9 0 8 *

File Date: **1/18**

Check No.: **3581**

By: **re**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Craig Honor **1/17/01**
Signature of Officer Date

Fred Honor
Print or Type Name of Officer

Secretary/Treasurer
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 91908 2. Name of Corporation The Snowplow Center, Inc.

3. Street Address Principal Business Office

45 INDUSTRIAL DR

4. Business Phone No.

401-397-4700

5. State of Incorporation RHODE ISLAND

City EXETER

State RI

Zip 02822

02822-2001

6. SIC Code 5884

7. Brief Description of the Character of Business Conducted in Rhode Island

MFG, WHOL, RET.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

FRED HONE

JOSIE ROBINSON

Street Address

Street Address

45 INDUSTRIAL DR

86 PUNCH BOWL TRAIL

City EXETER State RI Zip 02822

City RICHMOND State R.I. Zip 02892

Secretary Name

Treasurer Name

FRED HONE

FRED HONE

Street Address

Street Address

45 INDUSTRIAL DR

45 INDUSTRIAL DR

City EXETER State RI Zip 02822

City EXETER State RI Zip 02822

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

FRED HONE

Street Address

Street Address

45 INDUSTRIAL DR

City EXETER State RI Zip 02822

City _____ State _____ Zip _____

Director Name

Director Name

Street Address

Street Address

City _____ State _____ Zip _____

City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE

Number of Shares

Class/Series

Par Value

100 COMMON 0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 1 9 0 8 *

File Date: 12/30/99

Check No.: 2758

By: CAH

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

FRED HONE

Pres. Sec. Treas.

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No

91908

2. Name of Corporation

The Snowplow Center, Inc.

3. Street Address Principal Business Office

45 INDUSTRIAL DR.

City

EXETER

State

R.I.

Zip

02822-2001

4. Business Phone No.

401-397-4700

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5884

7. Brief Description of the Character of Business Conducted in Rhode Island

MFG., DIST. + SLS SNOWPLOWES AND INSERT DUMP BODIES FOR PICKUP TRUCKS

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

BEATRIZ E. SIERRA

Street Address

339A SOUTH COUNTY TRAIL

City

EXETER

State

R.I.

Zip

02822-3527

Secretary Name

FRED HONG

Street Address

339A SOUTH COUNTY TRAIL

City

EXETER

State

R.I.

Zip

02822-3527

Vice President Name

JOSIE ROBINSON

Street Address

1510 TOWER HILL RD

City

N. KINGSTOWN

State

R.I.

Zip

02852

Treasurer Name

FRED HONG

Street Address

339A SOUTH COUNTY TRAIL

City

EXETER

State

R.I.

Zip

02822-3527

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

BEATRIZ E. SIERRA

Street Address

339A SOUTH COUNTY TRAIL

City

EXETER

State

R.I.

Zip

02822-3527

Director Name

FRED HONG

Street Address

339A SOUTH COUNTY TRAIL

City

EXETER

State

R.I.

Zip

02822-3527

Director Name

JOSIE ROBINSON

Street Address

1510 TOWER HILL RD

City

N. KINGSTOWN

State

R.I.

Zip

02852

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMMON

NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 1 9 0 8 *

File Date: 10/28/99

Check No: 2189

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. 1/4/99

[Signatures of Officers]
Signature of Officer Date
BEATRIZ SIERRA FRED HONG JOSIE ROBINSON
Print or Type Name of Officer
Pres. Sec. Treas. V. Pres
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **91908** 2. Name of Corporation **The Snowplow Center, Inc.**

3. Street Address Principal Business Office **45 INDUSTRIAL DR** City **EXETER** State **RI**

4. Business Phone No. **397-4700** 5. State of Incorporation **RHODE ISLAND**

Zip **02822-2000**
6. SIC Code **5884**

7. Brief Description of the Character of Business Conducted in Rhode Island
MFG - WHOLESALE OF SNOWPLOWSTRT EQUIP.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name **FRED HONIG**
Street Address **339A So. COUNTY TR**
City **EXETER** State **RI** Zip **02822**

Vice President Name **FRED HONIG**
Street Address **AS ABOVE**
City State Zip

Secretary Name **FRED HONIG**
Street Address **AS ABOVE**
City State Zip

Treasurer Name **FRED HONIG**
Street Address **AS ABOVE**
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name **FRED HONIG**
Street Address **AS ABOVE**
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

600 SHS NO PAR VALUE

NONE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 1 9 0 8 *

File Date: **1/5/98**

Check No.: **1261**

By: **KID**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

FRED HONIG
PRES, ETC

12/18/97



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 91908		2. Name of Corporation The Snowplow Center, Inc.	
3. Street Address Principal Business Office 45 INDUSTRIAL DR.		City EXETER	State RI
4. Business Phone No. 401-397-5053		5. State of Incorporation RHODE ISLAND	Zip 02822
6. SIC Code 5884			
7. Brief Description of the Character of Business Conducted in Rhode Island SALES AND SERVICE SNOW REMOVAL EQUIPMENT, TRUCK EQUIP, + RELATED ACTIVITIES			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) ☒			
President Name FRED HONE		Vice President Name FRED HONE	
Street Address 339A SO. COUNTY TR.		Street Address 339A SO. COUNTY TR.	
City EXETER	State RI	City EXETER	State RI
Zip 02822		Zip 02822	
Secretary Name FRED HONE		Treasurer Name FRED HONE	
Street Address 339A SO. COUNTY TR.		Street Address 339A SO. COUNTY TR.	
City EXETER	State RI	City EXETER	State RI
Zip 02822		Zip 02822	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) ☒			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) ☒			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares
600 SHS NO PAR VALUE			NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 1 9 0 8 *

File Date: **1-23-97**

Check No.: **341**

By: **ICP / WLE**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

FRED HONE **12/28/96**
Signature of Officer Date

FRED HONE
Print or Type Name of Officer

PRESIDENT, V.PRES, SEC + TREAS
Title of Officer